



STATE OF ARIZONA VETERINARY MEDICAL EXAMINING BOARD
ANIMAL CREMATORY INSPECTION REPORT

Animal crematory inspection authorized by the State of Arizona Veterinary Medical Examining Board pursuant to A.R.S. §32-2291 (C).

On ____/____/____, the _____
Date Name of Crematory
crematory was inspected. General findings of the inspection are attached.

In Attendance:

Representative For the Crematory: _____ Date: _____

☐ Owner ☐ Operator ☐ Other

For the Board: _____ Date: _____

Title: _____

I. General Crematory Firm Data

1. Name of Crematory: _____

Physical Address of Crematory: _____

City: _____ State: AZ Zip: _____

Phone Number: (____) _____ Fax Number: (____) _____

Mailing Address if different: _____

City: _____ State: ____ Zip: _____

2. Business structure: ☐ Corporation ☐ Partnership ☐ Individual ☐ Other

3. Services offered: ☐ Individual Cremation ☐ Communal Cremation ☐ Public Viewing

☐ Private Viewing ☐ Incineration of Sharps ☐ Other: _____

II. Care and Security of Crematory:

1. Security of windows and doors into the crematory (outside access to crematory): Yes No

2. Security of area where animal remains are kept while awaiting cremation: Yes No
Refrigerated: Yes No

3. Security of area where animal remains are kept under refrigeration: Yes No

4. Shielded from public view: Yes No

III. Cremation Retorts

1. Description of Unit(s):

	MAKE	MODEL NUMBER	YR OF MANUFACTURE	YR INSTALLED
UNIT 1				
UNIT 2				
UNIT 3				

2. Condition of Unit(s):

	UNIT 1	UNIT 2	UNIT 3
Interior Floor			
Interior Walls			
Inside of Doors			
Door Operation			
Door Seal			
Heat Indicator			
Time Indicator			
Exterior Unit Body			
Exterior or Stack			
Machinery (rear)			
Unit Air Supply			
Hot Air Venting			
Fuel Source Equipment			
Fresh Air for Chamber			
Other Considerations			
Date of Last Maintenance			
Name of company/person performing Maintenance			

- 3. Cleanliness around units:** 1) Floor: Yes No 2) Ceiling: Yes No
3) Walls: Yes No 4) Work Areas: Yes No

IV. Crematory Processing Equipment

1. Make, model, and year of manufacture of processor: _____
2. Type of temporary container used for processed cremated animal remains: _____
3. Working area for processing: Yes No
4. Tools available: Yes No Tools in good condition: Yes No
5. Adequate storage for cremation supplies and supplies-to-quantity of cremations: Yes No
6. Are the following processing areas clean:
 - 1) Walls: Yes No 2) Ceilings: Yes No 3) Floor: Yes No
 - 4) Other: _____ Yes No

7. Ventilating system for operator (dust control and care): Yes No
8. Are labels permanently affixed to the cremains Yes No
 Does it include: name of crematoy Yes No
 Date of cremation Yes No
 Pet and owner name Yes No

V. SAFETY EQUIPMENT

1. Masks for each operator: Yes No
 1) Proper fit: Yes No 2) Type _____
2. Heat Gear: 1) Gloves: Yes No 2) Apron: Yes No 3) Arm protection: Yes No
 4) Complete heat suiting: Yes No 5) Face protection for heat: Yes No
3. Available: 1) Sink for hand washing: Yes No 2) Toilet facilities: Yes No
4. Fire extinguisher available for use on all types of fires (liquids from crematory, electrical or structural materials): Yes No
5. Thermal coupler condition on all industrial crematories: Yes No
6. Stack particulate light in working order on Crawford or I.E. crematories: Yes No
7. Operational manuals for crematory operators and standard operating procedure manual for specific crematory available: Yes No
8. Verification operator received training in safe and proper operation of crematory:
 1) Name of Operator: _____
 Name of Program/Course: _____ Date of Completion: _____
 2) Name of Operator: _____
 Name of Program/Course: _____ Date of Completion: _____
9. Emergency shutdown procedures available and easily accessible? Yes No

VI. PAPERWORK

1. Written procedures that addresses the following:

	Yes	No
How identification of remains from receipt to release		
How to obtain authorization (obtain a copy of form)		
How cremation chamber is loaded and unloaded		
How cremated remains are processed		
How remains are disposed of		
How records are completed and maintained		
How ID number is used		

2. General Paperwork:

- a. Method of recording cremations into permanent crematory records:

- b. Cross-referencing names with cremation numbers (method used):

- c. Records:

1. Individual	Yes	No
Name of owner		
Name of animal		
Description of animal and weight		
From whom was the animal received		
Authorization		
Date of cremation		
Date and manner of disposition of cremains.		

2. Communal	Yes	No
From whom were animals received		
Number of animals and estimated weight		
Authorization		
Date of cremation		
Date and disposition of cremains		

3. Other	Yes	No
2 years of Service records for crematory (retort)		
Contracts with services that collect, process or deliver animal remains: 2 years		
Clean, well-lighted, adequately appointed charting area		

VII. MISCELLANEOUS

1. Scale available for weighing encased animal remains upon arrival: Yes No
2. EPA (Federal) standards on the crematory unit being used: Yes No
3. County crematory permit for the current year paid and displayed: Yes No
4. DEQ certificate current and displayed: Yes No

VIII. POSSIBLE VIOLATIONS:

The undersigned was given a copy of the inspection results and/or the inspector discussed the inspection results.

Investigator: _____ **Date:** _____

Crematory Representative: _____ **Date:** _____